



Carolina Academy of Performing Arts

Waiver of Liability and Media Release

I and/or my child(ren) (the “Participant(s)”) wish to participate in programs offered by Carolina Academy of Performing Arts (CAPA) and/or Carolina Academy of Performing Arts Theatre (CAPAT), administered by Melanie Prince, CAPAT, CAPA, et al. (hereafter, the “Programs”).

As a condition of participation, I understand and agree to the following:

Please Initial:

_____ (1) **Media Release** – I give permission to CAPA, CAPAT, Melanie Prince, and their representatives to use, without compensation, photographs, video, or audio recordings of myself and/or my child(ren) for the purpose of promoting or documenting the Programs.

_____ (2) **Liability Waiver** – I understand and agree to hold harmless and release CAPA, CAPAT, Melanie Prince, Hope Community Church, Infinity Ballet, all employees, volunteers, instructors, and administrators from any and all liability, costs, or claims arising from injury, illness, or loss (including loss of fees) sustained by myself or my child(ren) while participating in the Programs.

_____ (3) **Medical Authorization** – I certify that I and/or my child(ren) are physically able to participate in the Programs. I am responsible for managing all relevant medical history, allergies, medications, or other health needs. If emergency medical treatment is required and I cannot be reached, I authorize a qualified physician to provide care for myself or my child(ren).

Signature and Date (Parent/Legal Guardian if Participant is under 18)

Parent/Legal Guardian Name and Phone Number

Participant Name(s) – Please Print